

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT

107519134

CLAIMS

AS FILED      AFTER  
1st AMENDMENT      AFTER  
2nd AMENDMENT

AS FILED      AFTER  
1st AMENDMENT      AFTER  
2nd AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

IND.      DEP.      IND.      DEP.      IND.      DEP.

1      1      1      1

51      52      53      54

2      1      1      1

55      56      57      58

3      2      2      1

59      60      61      62

4      1      1      1

63      64      65      66

5      1      1      1

67      68      69      70

6      1      1      1

71      72      73      74

7      1      1      1

75      76      77      78

8      1      1      1

79      80      81      82

9      1      1      1

83      84      85      86

10      1      1      1

87      88      89      90

11      1      1      1

91      92      93      94

12      1      1      1

95      96      97      98

13      1      1      1

99      100

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

TOTAL  
IND.      1      ↓      1      ↓      ↓

TOTAL  
DEP.      2      ←      12      ←      ←

TOTAL  
CLAIMS      13      [REDACTED]      13      [REDACTED]

TOTAL  
IND.      ↓      ↓      ↓

TOTAL  
DEP.      ←      ←      ←

TOTAL  
CLAIMS      [REDACTED]      [REDACTED]      [REDACTED]